U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6736	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	Name, file number, and address of labor organization.
Name Jerry Emmerich	Name GCIU Local 391-C
	Labor Organization File Number 06973
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 14876 North Court 1	Street 204 West Washington Street
City Effingham	City Effingham
State III inois ZIP Code + 4 62401	State Illinois ZIP Code +4 62401
5. Position in labor organization.	
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Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	usions set forth in the instructions): derived income or other economic benefit of
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(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of ion represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of ion represents or is actively seeking to represent.
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(except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	derived income or other economic benefit of iton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.

Name of Person Filing Jerry Emmerich	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	· ·	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name i		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	2.a. Nature of interest risid of income received.	
The state of the s		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Katz, Friedman/ Ragle, Risenstein & Johnson	06/07/2004% Come v Cinculatri - 4 Dickets ()	
Trade Name, if any:	07/27/2004 - Dinner , 18 Company , 18 Propins of the State of the Stat	
P.O. Box, Bldg., Room No., if any	A Property of American Section 1995 And American College Control of the College Colleg	
Street 77 West: Washington St 2deft Progr	The second secon	
City Chicago Resident Control of the Chicago Resident Control	A SECTION OF THE PROPERTY OF T	
State Illinois ZIP Code +4 60502-2983		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	